



HEALTHPLUS HP, LLC  
PO BOX 659960  
SAN ANTONIO, TX 78265-9146

<Date>

<Subscriber first name> <Subscriber last name>  
<Subscriber address>  
<Subscriber city>, <state> <zip>

## Notice of Proposed Premium Rate Change

Member ID: <HCID>

Plan Name: <Product name>

Health Insurance Oversight System (HIOS) Identification Number: <2023 HIOS ID>

Dear <Subscriber first name>,

Empire BlueCross HealthPlus is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### Proposed Premium Rate Change

Your current monthly premium is: \$<2023 medical rate>.

If approved, the percentage change to your premium is <2024 percentage change>%.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

### Why We Are Requesting a Rate Change

The requested changes in our health plans and rates reflect our evaluation of current market trends, including the rising cost of medical care, a changing pool of customers, and our experience with provider networks. Our 2024 rate filings reflect the continued financial impacts of the COVID-19 pandemic, including the cost of vaccine administration, continued diagnosis and treatment of COVID-19, and RX drug costs. The rates also reflect expected changes in the health of the ACA risk pool and coverage changes to some deductibles and annual out-of-pocket maximum amounts.

### 30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Empire BlueCross HealthPlus for additional information.

Empire BlueCross HealthPlus

PO Box 659960

San Antonio, TX 78265-9146

**Telephone:** please see the number on the back of your Empire health plan ID card

**Empire Website:** [www.empireblue.com/contact-empire-blue/](http://www.empireblue.com/contact-empire-blue/)

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website or via standard mail as follows:

**DFS Website:** [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

**United States Postal Service:**

NYS Department of Financial Services

Health Bureau – Premium Rate Adjustments

One Commerce Plaza

Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is HealthPlus HP, LLC.
2. The name of your Empire benefit plan, which is **<Product name>**
3. Indicate you have individual coverage
4. Your HIOS Plan ID number, which is **<2023 HIOS ID>**

Written comments submitted to DFS will be posted on the DFS website without your personal information.

### Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

**Empire Website:** <https://www.empireblue.com/ms/ratefiling/home.html>

**DFS Website:** [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

### Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

### Additional Information

On January 1, 2024, Empire BlueCross HealthPlus will become Anthem Blue Cross HP. You can expect the same great benefits, service, and best-in-class networks you enjoy today. There is no action needed by you. You will hear more about this change before your 2024 renewal date.

Sincerely,



Dr. Mark Levy, MD, MPH

President & CEO

Empire BlueCross BlueShield HealthPlus

Services provided by HealthPlus HP, LLC, a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.



HEALTHPLUS HP, LLC  
PO BOX 659960  
SAN ANTONIO, TX 78265-9146

<Date>

<Subscriber first name> <Subscriber last name>  
<Subscriber address>  
<Subscriber city>, <state> <zip>

## Notice of Proposed Premium Rate Change

**Member ID:** <HCID>  
**Plan Name:** <Product name>  
**Health Insurance Oversight System (HIOS) Identification Number:** <2023 HIOS ID>

Dear <Subscriber first name>,

Empire BlueCross BlueShield HealthPlus is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### Proposed Premium Rate Change

Your current monthly premium is: \$<2023 medical rate>.  
If approved, the percentage change to your premium is <2024 percentage change>%.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

### Why We Are Requesting a Rate Change

The requested changes in our health plans and rates reflect our evaluation of current market trends, including the rising cost of medical care, a changing pool of customers, and our experience with provider networks. Our 2024 rate filings reflect the continued financial impacts of the COVID-19 pandemic, including the cost of vaccine administration, continued diagnosis and treatment of COVID-19, and RX drug costs. The rates also reflect expected changes in the health of the ACA risk pool and coverage changes to some deductibles and annual out-of-pocket maximum amounts.

### 30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Empire BlueCross BlueShield HealthPlus for additional information.

Empire BlueCross BlueShield HealthPlus  
PO Box 659960  
San Antonio, TX 78265-9146

**Telephone:** please see the number on the back of your Empire health plan ID card  
**Empire Website:** [www.empireblue.com/contact-empire-blue/](http://www.empireblue.com/contact-empire-blue/)

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website or via standard mail as follows:

**DFS Website:** [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

**United States Postal Service:**

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
One Commerce Plaza  
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is HealthPlus HP, LLC.
2. The name of your Empire benefit plan, which is <Product name>
3. Indicate you have individual coverage
4. Your HIOS Plan ID number, which is <2023 HIOS ID>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

**Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

**Empire Website:** <https://www.empireblue.com/ms/ratefiling/home.html>

**DFS Website:** [https://www.dfs.ny.gov/consumers/health\\_insurance/health\\_insurance\\_premiums](https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums)

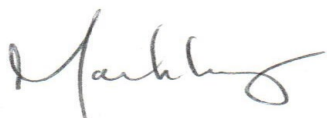
**Notice of Approved Premium Rate**

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

**Additional Information**

On January 1, 2024, Empire BlueCross BlueShield HealthPlus will become Anthem Blue Cross and Blue Shield HP. You can expect the same great benefits, service, and best-in-class networks you enjoy today. There is no action needed by you. You will hear more about this change before your 2024 renewal date.

Sincerely,



Dr. Mark Levy, MD, MPH  
President & CEO  
Empire BlueCross BlueShield HealthPlus